

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/597057

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/		/				
2	/		/				
3	/		/				
4	2						
5	2						
6	2						
7	2						
8	2						
9	2						
10	2						
11							
12							
13	1						
14			1				
15			1				
16			1				
17			1				
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49							
50							
TOTAL IND.		↓	2	↓		↓	
TOTAL DEP.	←		17	←	←	←	←
TOTAL CLAIMS			19				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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97							
98							
99							
100							
TOTAL IND.		↓			↓		
TOTAL DEP.	←			←	←	←	←
TOTAL CLAIMS							

OBW